

DEC 20 2005

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**Law Offices of
Mikael Havluciyan**

Fax

To: United States Patent and Trademark Office; C/O EXAMINER GEORGE
MANUEL
From: Mikael Havluciyan, Reg. No. 47,285

Fax: (571) 273-8300 **Pages:** 17 including this sheet
Phone: (571) 272-4952 **Date:** 12/19/2005
Re: U.S. Application Serial No. 10/699,297 **CC:** [Click here and type name]

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Attached to this Facsimile cover sheet are the following items with respect to U.S. Patent Application Serial No. 10/699,297

1. Amendment and Response to the Office Action Dated August 15, 2005
2. Terminal Disclaimer
3. Credit Card Payment Fee
4. Amendment Transmittal

DEC 20 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stark *et al.*

Serial No.: 10/699,297

Conf. No.: 2549

Filed: October 30, 2003

For: PUPILOMETER WITH PUPIL
IRREGULARITY DETECTION,
PUPIL TRACKING, AND PUPIL
RESPONSE DETECTION
CAPABILITY, GLAUCOMA
SCREENING CAPABILITY,
INTRACRANIAL PRESSURE
DETECTION CAPABILITY, AND
OCULAR ABERRATION
MEASUREMENT CAPABILITY

Art Unit: 3762

Examiner: Manuel, G.

CERTIFICATE OF TRANSMISSION
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by facsimile transmission on the date shown below to the Commissioner for Patents, Washington, D.C. 20231, at the following fax number: (571) 273-8300.

December 19,

Date

2005

Mikael Havluciyani

TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to the Office Action dated August 15, 2005. Also enclosed are a Terminal Disclaimer, a Credit Card Payment Form, and the following:
☐ Return Postcard
☐ Request for Interference Under 37 C.F.R. § 1.607(a).
2. Fee Calculation
☒ No additional claim fee is required.
☐ Amendment increases number of claims

Attorney Docket No. 39569-2661D
Page 1

Additional Claim Fee.....\$0.00

3. X As a small entity applicant is entitled to a 50% reduction in fees:.....\$0.00

4. Applicant hereby petitions for an Extension of Time of 2 month, pursuant to Rule 1.136(a). Fee required \$.....\$225

5. X Other fees due: Specify:.... Terminal Disclaimer fee for a small entity.....\$65.00
Total Fees Due.....\$290.00

6. Payment of Fees

- A check in the amount of is enclosed.
 Charge Deposit Account No. 50-1213 in the amount of \$.
X Credit Card Payment Form to be charged \$290.00

7. The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR §1.16 or § 1.17 to , referencing Docket No. . A duplicate sheet is attached.

By: 

Mikael Havluciyan
Reg. No. 47,285

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